

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 016 ***150.00

DOCUMENT # P99000083739 1. Entity Name GLACIER MARKETING INTERNATIONAL, INC.					
Principal Place of Business 800 W. CYPRESS CREEK RD. SUITE 470 FT. LAUDERDALE, FL 33309 US			Mailing Address 800 W. CYPRESS CREEK RD. SUITE 470 FT. LAUDERDALE, FL 33309 US		
2. Principal Place of Business - No P.O. Box # 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465 City & State FT. LAUDERDALE, FL Zip 33309		3. Mailing Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 465 City & State FT. LAUDERDALE, FL Zip 33309		4. FEI Number 65-0950332 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04242007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent LEGEL, LARRY 800 W. CYPRESS CREEK RD. SUITE 470 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEGEL, LARRY PSTD 800 W. CYPRESS CREEK RD. #470 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEGEL, BRENDA 800 W CYPRESS CREEK RD #470 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Larry Legel</i> LARRY LEGEL PRES 4-24-7 954 4538900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					